Dated
CONSENT LETTER FORMAT (To be filled in Letter Pad and address to The Chairman, STEDCOUNCIL)
I(Name of Authorised Person/Director of TIE-UP CENTRE)
(Full address of TIE-UP CENTRE) hereby acknowledge my consent to Mr./Ms(Authorised Person of ATC)
to use the foresaid premise and all equipments and machineries to conduct
practical training classes for the courses like;
(Course Names & Duration) 1
From(Month & Year) To
If any objection/dispute/isuues arises in between us and come to a situation that

we have to withdraw the permission of alliance, I promise that I will inform to

STED COUNCIL Authority without fail.